IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Appln. No.:

Inventor(s): Gluckman et al. 09/910,461

Confirm. No.: 2772

Filed:

July 20, 2001

Title: COMPOSITION AND METHODS TO IMPROVE

NEURAL OUTCOME

PATENT APPLICATION

Art Unit:

1639

Examiner:

Bennett M Celsa

Customer No. 23910

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, the United States Patent and Trademark Office, Examining Group 1639 Facsimile No. (703) 872-9306, on July 10, 2003.

D. Benjamin Borson, Reg. No. Signature Date: July 10, 2003

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. § 1.111

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This RESPONSE is in reply to the Office action mailed April 16, 2003.

Amendments

Please amend the above-identified application as follows:

In the Title:

Please replace the title with the new title shown below:

USE OF GPE TO PROTECT GLIAL CELLS OR NON-DOPAMINERGIC CELLS FROM DEATH FROM NEURAL INJURY OR DISEASE

-1-

200.001:050503 07/10/03-16:22

Attorney Docket No.: NRNZ 1002 US4 dbb/NRNZ 1002 US4.006.wpd

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Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Application Number 09/910,461 Filing Date 7/20/2001 TRANSMITTAL FORM First Named Inventor Peter David Gluckman Art Unit 1639 (to be used for all correspondence after initial filling) Examiner Name Bennett M. Celsa Attorney Docket Number NRNZ-01002US4 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Drawing(s) to Group Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to Group 1 (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Finel Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidevits/declaration(s) Other Enclosure(s) (please Terminal Disclaimer Identify below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Cartifled Copy of Priority Document(s) There are 32 pages including this page in this transmission. No fee is due with this communication, however the Commissioner is authorized to Response to Missing Parts/ charge any underpayment or credit overpayments to deposit acct. 06-1325 Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm D. Benjamin Borson Flieşler Dubb Meyer & Lovejoy LLP Individual name Signature Registration No.: 42,349 Date 2003 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Typed or printed name D. Benjamin Borson Date 2003 ₹ Signature This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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